



Coordinating Care for People with Multiple Chronic Conditions:

The Guided Care Model and
Other Innovative Approaches

**SITE VISIT
REPORT**

BALTIMORE, MARYLAND

APRIL 17 AND AUGUST 7, 2009

[Report Published: September 30, 2009]

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The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at www.nhpf.org.

ACKNOWLEDGMENTS

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The Forum is grateful to the many people at Johns Hopkins University (JHU), Johns Hopkins Community Physicians, and Johns Hopkins Health Care, LLC, who helped our staff understand services to patients with multiple chronic conditions and assisted in the development of the site visit agenda. In particular, we want to thank Chad Boulton, MD, the Guided Care principal investigator, and the director of the Roger C. Lipitz Center for Integrated Health Care at the Johns Hopkins Bloomberg School of Public Health, who was extremely generous with his time. Dr. Boulton helped us understand the clinical problems associated with serving people with multiple chronic conditions, the research and analytic work behind the program, and how Guided Care is organized, managed, and financed. Tracy Novak, director of communications for the Lipitz Center and Dr. Boulton's designated contact point for the Forum, worked tirelessly on our behalf, making numerous valuable suggestions, handling logistical arrangements with clinicians, researchers, administrators, and patients, and helping craft the site visit agendas during the several months of preparation leading up to each of the two visits.

The Forum would especially like to thank the Guided Care nurses and physicians who took time from their busy schedules to meet with site visit participants to give them first-hand insights into their daily clinical practice challenges. Their description of clinical practice with and without the Guided Care model was most illuminating to both groups of participants.

Peggy Hamilton, senior practice administrator, Johns Hopkins Community Physicians at Wyman Park Medical Center, was most helpful in securing the meeting facility for the April site visit, which met at the Wyman Park offices of the Johns Hopkins Community Physicians. For both visits, Lora Rosenthal, program manager, Johns Hopkins Health Care, LLC, helped identify Guided Care nurses for the two nursing panels, and also provided use-

ful information about the JHU Health Plan and its involvement in Guided Care. Finally, we would like to thank the congressional and federal participants for their enthusiastic engagement and thoughtful questions and comments.

BACKGROUND

Providing care for patients with multiple chronic conditions, and coordinating that care among numerous health and social service providers, ranks high on the list of key health policy challenges. Policymakers, practitioners, researchers, patients, and families have struggled to find ways to improve the quality of patient care while controlling costs. Over the past several decades, various approaches have been tried, and several Medicare chronic care and related demonstrations sponsored by the Centers for Medicare & Medicaid Services (CMS) have addressed these issues. Some programs and projects, such as the Guided Care model developed at Johns Hopkins University, have improved patient outcomes and quality and reduced health care costs. Other models have struggled to realize successful results. The challenge is for policymakers to understand the characteristics of the various models that have been tried and identify the successful elements that could be incorporated in other initiatives.

The Guided Care model is a patient-centered medical home program that uses an interdisciplinary team approach to coordinating care for older adults with complex chronic conditions. Based in primary care physician practices, Guided Care nurses coordinate care among health care providers; complete standardized comprehensive home assessments; and collaborate with physicians, patients, and caregivers to create evidence-based care guides and actions plans, among other things. Guided Care nurses work on a long-term basis with clients, provide transitional care, and assist patients with self-management skills and accessing necessary community-based services. Program results to date show improved quality of care and reduced health care costs from fewer hospital admissions, hospital days, and emergency room visits.¹

The National Health Policy Forum has focused on chronic care issues in a variety of ways in recent years: in 2009, the Forum held meetings on the the importance of coordinating care for people with chronic conditions, and on promising practices in coordination of

care.² In addition, the Forum sponsored site visits to Wisconsin in 2007 and 2008 to learn about the state's community-based long-term care programs that serve people with multiple chronic conditions.³

After the 2009 meetings on chronic care in Washington, DC, the Forum sponsored a site visit to Baltimore to visit the researchers and practitioners responsible for developing and measuring the Guided Care approach to coordinating care. There was such widespread interest among federal and congressional staff in Guided Care that the Forum had a long waiting list for the April visit. Another site visit was scheduled to take a second group of participants to JHU to participate in a similar visit in August.

PROGRAM

Both site visits involved a series of panels during one day; some participants traveled to Baltimore by bus from Washington, DC, and others, who lived closer to the JHU campus and facilities, arrived on their own. A description of the April and August programs, which were nearly identical, follows.

The site visits began with a welcome and a description of the Hopkins Medical Center, Johns Hopkins Community Physicians, and the JHU Health Plan. Dr. Boulton described the history and mission of the Guided Care program—to serve patients with multiple chronic conditions—as well as the research findings on the program. A group of Guided Care nurses explained their key role in the program and provided the site visit participants with examples of materials they use with patients, as well as descriptions of their hands-on experiences in coordinating care with physicians, hospitals, nursing homes, home health agencies, community agencies, family members, and others. A panel of patients and one caregiver who have been part of the Guided Care program talked about their personal experiences and the value they found in being part of the program. Over lunch, a group of physicians from Johns Hopkins Community Physicians who have worked with Guided Care patients described their experiences with the program, including the impact it has had on their relationship with patients and the positive patient clinical outcomes they have observed. Guided Care nurses also participated during this lunchtime discussion. A final session featured a discussion of chronic care delivery and financing issues, including questions about policy and reimbursement

challenges and how innovative programs that provide transitional and coordinated care programs can be replicated to improve the quality and delivery of care without adding new costs to the health care system.

Guided Care Resources

For general information see the Guided Care Web site, at www.guidedcare.org. See also:

- Jennifer L. Wolff *et al.*, “Caregiving and Chronic Care: The Guided Care Program for Families and Friends,” *Journal of Gerontology: Medical Sciences*, 64A, 7 (2009): pp. 785–791; available at www.guidedcare.org/pdf/Wolff_GC%20caregivers%20at%206%20mo_J%20Gero_June%202009.pdf.
- Chad Boulton *et al.*, “Early Effects of ‘Guided Care’ on the Quality of Health Care for Multimorbid Older Persons: A Cluster-Randomized Controlled Trial,” *Journal of Gerontology: Medical Sciences*, 63A, 3 (2008): pp. 321–327; available at www.guidedcare.org/pdf/GC%20Early%20Effects_JGMS%20March%202008.pdf.
- Martha L. Sylvia *et al.*, “Guided Care: Cost and Utilization Outcomes in a Pilot Study,” *Disease Management*, 11, no. 1 (November 1, 2008): pp. 29–36; available at www.guidedcare.org/pdf/Sylvia_GC%20Pilot%20Outcomes_DM%202008.pdf.
- Cynthia M. Boyd *et al.*, “A Pilot Test of the Effect of Guided Care on the Quality of Primary Care Experiences for Multimorbid Older Adults,” *Journal of General Internal Medicine*, 23, no. 5 (February 12, 2008): pp. 536–542; available at www.guidedcare.org/pdf/Boyd_JGIM_GC%20pilot.pdf.
- Chad Boulton, Lya Karm, and Carol Groves, “Improving Chronic Care: The ‘Guided Care’ Model,” *The Permanente Journal*, 12, no. 1 (Winter 2008): pp. 50–54; available at www.guidedcare.org/pdf/Guided%20Care%20model_Permanente%20Journal_Winter%202008.pdf.
- Cynthia M. Boyd *et al.*, “Guided Care for Multimorbid Older Adults,” *The Gerontologist*, 47, no. 5 (2007): pp. 697–704. 2007; available at www.guidedcare.org/pdf/Boyd_model%20paper_The%20Gerontologist.pdf.

ENDNOTES

1. Martha L. Sylvia *et al*, “Guided Care: Cost and Utilization Outcomes in a Pilot Study,” *Disease Management*, 11, no.1 (February 2008): pp. 29–36; and Bruce Leff *et al.*, “Guided Care and the Cost of Complex Health Care: A Preliminary Report,” *The American Journal of Managed Care*, 15, no.8 (August 2009).
2. “Coordinating Care for Adults with Multiple Chronic Conditions: Searching for the Holy Grail,” March 27, 2009, available at www.nhpf.org/library/details.cfm/2727; and “Promising Models of Care Coordination for Adults with Multiple Chronic Conditions: Getting Closer to the Holy Grail,” April 3, 2009; available at www.nhpf.org/library/details.cfm/2729.
3. See the Wisconsin site visit reports, “Community-Based Long-Term Care: Wisconsin Stays Ahead,” available at www.nhpf.org/library/details.cfm/2588; and “Community-Based Long-Term Care in Milwaukee: Wisconsin Still Ahead,” available at www.nhpf.org/library/details.cfm/2700.

Coordinating Care for People with Multiple Chronic Conditions:

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BALTIMORE, MARYLAND

FRIDAY, APRIL 17, 2009

- | | |
|----------|---|
| 8:15 am | Bus Departure from Union Station, Washington, DC
[Meet at Columbus Circle, in front of the Station] |
| 9:30 am | Arrival, Johns Hopkins Community Physicians at Wyman Park [3100 Wyman Park Drive, First Floor Conference Room] |
| 9:45 am | <p>Overview of Johns Hopkins University (JHU) Medical Center, Johns Hopkins Community Physicians, JHU Health Plan, and the Guided Care Model</p> <p>Chad Boulton, MD, MPH, MBA, <i>Director</i>, Roger C. Lipitz Center for Integrated Health Care, Johns Hopkins Bloomberg School of Public Health, and <i>Principal Investigator</i>, Guided Care</p> <ul style="list-style-type: none"> • What are the various organizational components of the JHU Medical Center? How are they configured, and how do they relate to one another? • Do the JHU medical and health programs reflect the traditional research-teaching-clinical practice activity seen in most medical education environments? Where does the Guided Care program fit into this mix? • What are the key components of Guided Care? Which patients are targeted for the intervention, and how are they chosen? How does Guided Care pay for care coordination? • What impact has Guided Care had on patient outcomes, quality of care and costs? How effective are patient education and empowerment strategies? What assistance is given to caregivers, and how are community-based support services accessed? • What will happen when the Guided Care program ends? |
| 10:45 am | <p>Role and Functions of Guided Care Nurses</p> <p>Kathleen Trainor Grieve, RN, BSN, MHA, CCM, <i>Guided Care Nurse</i>, Johns Hopkins Health Care, LLC</p> |

(continued)

10:45 am

Role and Functions of Guided Care Nurses (continued)

Julia G. Mand, RN, BSN, *Guided Care Nurse*, Johns Hopkins Health Care, LLC

Michele D. Phillips, BSN, RN, MHA, CCM, *Guided Care Nurse*, Johns Hopkins Health Care, LLC

- What are the functions of Guided Care nurses, and how do the nurses interact with physicians, patients, caregivers, and other health care providers? What kinds of backgrounds do Guided Care nurses bring to the program?
- How often are home visits made, and how do nurses monitor patient care?
- What role do nurses play in helping patients transition among multiple health care providers?
- What are the functions of the Care Guide and Action Plan?
- What role does patient self-management play in patient care, and how successful is patient compliance with self-management goals?
- What role do electronic medical records play in ongoing monitoring of patient care?

11:30 am

Patient and Caregiver Experiences with Guided Care

- How long have you been with the Guided Care program? How did you learn about it?
- How is your experience with nurses and doctors different now than before you entered the program? How has meeting with the Guided Care physician and nurse helped you feel about the health care you receive?
- Has the Guided Care nurse helped you feel more confident about managing your care, for example, your medications, exercise programs, and care you receive from others?
- Have you had to go to the hospital in recent months? If so, how has your Guided Care nurse helped with your care during and after the hospital visit?
- What do you like best about Guided Care? Anything you don't like about it?

12:15 pm

Bus Departure – Lunch

[The Johns Hopkins Club, Eisenhower Room, 3400 North Charles Street]

12:45 pm

Lunch Discussion: Role of Primary Care Physicians in Coordinating Chronic Care**Gary Noronha, MD, Medical Director**, Johns Hopkins Community Physicians at Wyman Park**Gregory Kelly, MD, Physician**, Johns Hopkins Community Physicians at White Marsh**Deena Shapiro, MD, Physician**, Kaiser Permanente, Kensington

- What proportion of your patients have multiple chronic conditions? What proportion also have functional impairments?
- What challenges do primary care physicians face in coordinating care for patients with multiple chronic conditions?
- Has the Guided Care approach helped you improve patient care and outcomes? How? If you did not have Guided Care nurses and other assistance, what would be the primary impact on your practice? On your patients?
- For which patients has the Guided Care model had the most success?
- Can the Guided Care interdisciplinary team model be successfully integrated into primary care? What are the barriers and opportunities?
- Why did you choose primary care? What are your major successes and frustrations? Did your medical education prepare you for seeing a high volume of patients with multiple chronic conditions?

2:00 pm

Policy Issues Affecting Chronic Care Delivery and Financing**Gerald F. Anderson, PhD, Professor of Health Policy and Management**, Bloomberg School of Public Health, Johns Hopkins University**Chad Boulton, MD, MPH, MBA** (*see above*)

- What are the trends in the burden of chronic illness internationally, in the United States, and in Maryland? How is it changing?

(continued)

2:00 pm

Policy Issues (continued)

- What impact do patients with multiple chronic conditions have on public programs, particularly Medicaid and Medicare?
- What role can models like Guided Care and others, such as care transition models, play in improving and coordinating care for adults with chronic conditions?
- Are these models ready to be adopted on wide scale in Medicare and other insurance plans? What are the barriers to broader adoption?

3:15 pm

Wrap-up Discussion (Participants and Forum Staff)

3:30 pm

Bus Departure to Washington

Coordinating Care for People with Multiple Chronic Conditions:

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BALTIMORE, MARYLAND

FRIDAY, AUGUST 7, 2009

- 8:15 am** Bus Departure from Union Station, Washington, DC
[Meet at Columbus Circle, in front of the Station]
- 9:30 am** Arrival, Johns Hopkins University (JHU) [Charles Commons, Breakout Room 302, 3301 North Charles Street]
- 9:45 am** Overview of JHU Medical Center, Johns Hopkins Community Physicians, and the Guided Care Model
- Chad Boulton, MD, MPH, MBA**, *Director*, Roger C. Lipitz Center for Integrated Health Care, Johns Hopkins Bloomberg School of Public Health, and *Principal Investigator*, Guided Care
- What are the various organizational components of the JHU Medical Center? How are they configured, and how do they relate to one another?
 - Do the JHU medical and health programs reflect the traditional research-teaching-clinical practice activity seen in most medical education environments? Where does the Guided Care program fit into this mix?
 - What are the key components of Guided Care? Which patients are targeted for the intervention, and how are they chosen? How does Guided Care pay for care coordination?
 - What impact has Guided Care had on patient outcomes, quality of care and costs? How effective are patient education and empowerment strategies? What assistance is given to caregivers, and how are community-based support services accessed?
 - What is the future of the Guided Care model?
- 10:45 am** Role and Functions of Guided Care Nurses
- Kathleen Trainor Grieve, RN, BSN, MHA, CCM**, *Guided Care Nurse*, Johns Hopkins Health Care, LLC

(continued)

10:45 am

Role and Functions of Guided Care Nurses (continued)

Julia G. Mand, RN, BSN, *Guided Care Nurse*, Johns Hopkins Health Care, LLC

Michele D. Phillips, BSN, RN, MHA, CCM, *Guided Care Nurse*, Johns Hopkins Health Care, LLC

- What are the functions of Guided Care nurses, and how do the nurses interact with physicians, patients, caregivers, and other health care providers? What kinds of backgrounds do Guided Care nurses bring to the program?
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- What are the functions of the Care Guide and Action Plan?
- What role does patient self-management play in patient care, and how successful is patient compliance with self-management goals?
- What role do electronic medical records play in ongoing monitoring of patient care?

11:45 am

Panel of Patients Receiving Guided Care and Their Caregivers

- How long have you been with the Guided Care program? How did you learn about it?
- How is your experience with nurses and doctors different now than before you entered the program? How has meeting with the Guided Care physician and nurse helped you feel about the health care you receive?
- Has the Guided Care nurse helped you feel more confident about managing your care, for example, your medications, exercise programs, and care you receive from others?
- Have you had to go to the hospital in recent months? If so, how has your Guided Care nurse helped with your care during and after the hospital visit?
- What do you like best about Guided Care? Anything you don't like about it?

12:30 pm

Bus Departure – Lunch

[The Johns Hopkins Club, Room C, 3400 North Charles Street]

12:45 pm

Lunch Discussion: Role of Primary Care Physicians in Coordinating Chronic Care**Gary Noronha, MD**, *Medical Director*, Johns Hopkins Community Physicians at Wyman Park**Melva J. Brown, MD**, *Physician*, Johns Hopkins Community Physicians at Wyman Park**Gregory Kelly, MD**, *Physician*, Johns Hopkins Community Physicians at White Marsh

- What proportion of your patients have multiple chronic conditions? What proportion also have functional impairments?
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- Why did you choose primary care? What are your major successes and frustrations? Did your medical education prepare you for seeing a high volume of patients with multiple chronic conditions?

2:15 pm

Discussion of Policy Issues Affecting Chronic Care Delivery and Financing**William Scanlon, PhD**, *Consultant*, National Health Policy Forum**Chad Boulton, MD, MPH, MBA** (*see above*)

- What impact do patients with multiple chronic conditions have on public programs, particularly Medicaid and Medicare?

(continued)

2:15 pm

Policy Issues (continued)

- What policy and reimbursement challenges do health care providers face in coordinating care for people with multiple chronic conditions?
- How can models like Guided Care and others, such as care transition models, be incorporated into larger systems of care and play a role in improving and coordinating care for adults with chronic conditions?
- Are these models ready to be adopted on wider scale, for example nationally, in Medicare or other insurance plans? What are the barriers to broader adoption?

3:00 pm

Bus Departure to Washington

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APRIL 17 AND AUGUST 7

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Gretchen E. Alkema, PhD, is the 2008-2009 John Heinz/Health and Aging Policy Fellow and American Political Science Association Congressional Fellow. Dr. Alkema is serving her fellowship in the office of Sen. Blanche L. Lincoln (D-AR). Dr. Alkema comes to the fellowship from the VA Greater Los Angeles Healthcare System's Health Services Research and Development Center of Excellence and the Fall Prevention Center of Excellence at the University of Southern California (USC). She completed her doctorate at USC's Davis School of Gerontology and was awarded the John A. Hartford Doctoral Fellow in Geriatric Social Work and AARP Scholars Program Award. Dr. Alkema also holds a master of social work degree from the University of Michigan and a bachelor's degree in psychology from the University of Colorado. Her research has focused on improving interagency collaboration and evaluating innovative models of chronic care to reduce service delivery fragmentation and enhance the lives of vulnerable community elders. As a licensed clinical social worker, she has worked in various community-based settings including adult day health care, care management, community mental health, residential care, and sub-acute physical rehabilitation. Dr. Alkema has lectured on care management, gerontology practice, families and aging, social policies and aging, and evaluation strategies. She has served as a member of the Los Angeles County Long-Term Care Coordinating Council; reviewer for several peer-reviewed journals, representative to the Gerontological Society of America's Social Research, Policy, and Practice Executive Committee; and subject matter expert in gerontology for the California Board of Behavioral Sciences.

Irma Arispe, PhD, joined the Congressional Research Service in September 2008. As section research manager, she directs legislative support for a broad range of health issues including public health, health care quality and delivery, veterans' health care, biomedical research, food and drug regulation, and issues related to the safety of drugs, devices and biologics. Before joining CRS, Dr. Arispe was assigned to the White House Office on Science and Technology Policy (OSTP) where she served as assistant director (AD) for life sciences and acting AD for social and behavioral sciences. Dr. Arispe was assigned to OSTP from the Centers for Disease Control and Pre-

vention's National Center for Health Statistics where she was the associate director for science in the Division of Health Care Statistics. She previously worked as evaluation officer at the Agency for Health Care Policy and Research (now AHRQ, the Agency for Healthcare Research and Quality), director of evaluation research at the Johns Hopkins Bayview Medical Center, senior research associate at the Group Health Association of America (now part of America's Health Insurance Plans), and as an evaluator at the U.S. Government Accountability Office. She received a PhD in health policy and management from the Johns Hopkins Bloomberg School of Public Health.

Amy Berman is a program officer of the John A. Hartford Foundation. She heads the Foundation's Integrating and Improving Services portfolio, focusing on the development and dissemination of innovative, cost-effective models of care that improve health outcomes for older adults. Before joining Hartford in 2006, Ms. Berman served as nursing education initiatives director for the Hartford Institute for Geriatric Nursing at New York University College of Nursing. Among her responsibilities at New York University, Ms. Berman conducted a national survey on gerontological nursing content in baccalaureate programs and coordinated the Hartford Institute's Geriatric Nursing Research Summer Scholars Program, collaborating with the American Association of Colleges of Nursing to provide programs that enhance the geriatric competence of nursing educators and the gerontological content in curricula. Before joining the University, Ms. Berman worked in health care administration for 20 years. She served on the New York State Department of Health's Emergency Preparedness Task Force and on the professional advisory boards of health care institutions in New York City. Ms. Berman earned a bachelor of science degree in nursing from New York University College of Nursing; a bachelor of science degree in health care administration from the University of Massachusetts, Amherst; and a geriatric scholar certificate from the Consortium of New York Geriatric Education Centers.

Jody Blatt is a senior research analyst and project officer in the Division of Payment Policy Demonstrations within the Medicare Demonstration Programs Group/Office of Research Development and Information at the Centers for Medicare & Medicaid Services (CMS). Her projects include both managed care and fee-for-service programs, and she currently works with the design and implementation of the CMS Electronic Health Records (EHR) demonstration and directs the Medicare Care Management Performance Demonstration in four

states. She has also been responsible for the Medicare Replacement Drug Demonstration, the M+C Alternative Payment Demonstration, and the Centers of Excellence demonstration. Prior to joining CMS, she worked in strategic planning, research, and information management with a variety of managed health care plans and health insurers. Ms. Blatt received her undergraduate degree from Brown University and a master's degree in health policy and management from Harvard University.

Stephen Cha, MD, MHS, is a board-certified internist and currently serves as professional staff for the Committee on Energy and Commerce under Chairman Henry A. Waxman (D-CA). He earned his medical degree from Brown University and completed his internal medicine residency at the Montefiore Medical Center in New York City, where he also served as chief resident. Dr. Cha received a degree in health sciences research as part of the Robert Wood Johnson Clinical Scholars Program at Yale University, and continues to serve as an adjunct faculty member at Yale.

Mindy Cohen is a health analyst in the Budget Analysis Division of the Congressional Budget Office (CBO), where she focuses on Medicare Advantage, Medicare post-acute care, and dual eligibles. Prior to joining CBO, Ms. Cohen was a research associate at the Urban Institute, where she conducted quantitative research on Medicaid enrollment and expenditures, utilizing data from the Medicaid Statistical Information System (MSIS) and the CMS-64. Ms. Cohen holds a master of public health degree from the University of Michigan and a BA degree in economics from Tufts University.

Linda S. Colantino has over 25 years of experience in health care in both provider and payer settings. As a registered nurse and certified case manager, her positions have focused on providing high-quality, cost-effective care. In her current position at the Centers for Medicare & Medicaid Services (CMS), she is the team leader for the Care Management for High Cost Beneficiary Demonstration and the LifeMasters Dual Eligible Disease Management Demonstration. She served as project officer for the Disease Management Demonstration. She is versed in Medicare policy and procedures, operations related to the Medicare demonstration programs, and the economic and efficient methods of administering the Medicare program. Prior to CMS, she was the health services manager for Evercare in Maryland, where her responsibilities included analyses of utilization and practice patterns of providers to determine the impact of the program. Prior management positions in-

clude vice president of resource management for IHS Home Care and vice president of medical management for Integrated Health Services.

Kirsten Colello is an analyst in gerontology with the Congressional Research Service (CRS). In her position at CRS, Ms. Colello's work focuses on a wide range of health and social policy issues that affect an aging population including long-term care, family caregiving, and elder abuse. Prior to joining CRS, Ms. Colello was a research associate at the Urban Institute in Washington, DC, where she contributed to several projects that look at predictors of nursing home transitions, patterns in the use of informal caregiving, and characteristics of informal caregivers. Ms. Colello also worked as a policy analyst for the Social Security Administration's Office of Policy where she conducted distributional analysis of various policy options using a microsimulation model. Ms. Colello received her master's degree in public policy analysis from the University of Michigan and a BA degree with concentrations in economics and sociology from Virginia Tech.

Nancy De Lew is a senior advisor to the Director of the Office of Research, Development and Information in the Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services, where she assists the director in carrying out special projects. She is currently assisting with implementation activities surrounding the Medicare Part D drug benefit including Medicare beneficiary drug coverage estimates, use of Part D claims data for research and other purposes, and related issues. Formerly, she was the deputy director of the CMS Office of Legislation where she worked with the Congress to develop the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Balanced Budget Act of 1997. Prior to this position, Ms. De Lew held several other positions in the Department of Health and Human Services including in the office of the Assistant Secretary for Planning and Evaluation. She joined the Department of Health and Human Services in 1985 as a Presidential Management Intern after receiving a master's degree in political science and a master's degree in public administration from the University of Illinois, Urbana.

John Drabek, PhD, is an economist in the Office of Disability, Aging, and Long-term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services. He has participated in several projects related to health and long-term care financing, including the development of

data bases and computer models. He received a BA degree in economics from Northwestern University, and a PhD degree in economics from the University of California, Santa Barbara.

Thomas E. Edes, MD, is the director of home and community-based care for the U.S. Department of Veterans Affairs (VA) Washington, DC. As director, he has national responsibility for the direction and operations of VA's unique Home-Based Primary Care programs, and collaboration with community home health agencies, adult day health care, community residential care, medical foster homes, and hospice and palliative care. Prior to taking this position at VA Headquarters, he was chief of geriatrics and extended care at the Harry S. Truman Memorial VA Medical Center and associate professor of medicine at the University of Missouri, where he was instrumental in developing geriatric evaluation and management of inpatient and outpatient programs, subacute care and hospice units, a geriatric fellowship program, and the advanced disease planning initiative. He was medical director of the VA Nursing Home Care Unit and the Home-Based Primary Care program for nine years. Dr. Edes served as associate director of the 1995 White House Conference on Aging, and served for the secretary on the Policy Committee for the 2005 White House Conference on Aging. His research interests have included clinical nutrition, cancer detection and prevention, enhancing outcomes in home care, end of life care, and improving care for persons with chronic disabling disease. Dr. Edes received his MD degree and MS degree in nutrition from the University of Illinois.

Mike Fiore is the director of the Division of Medicare Enrollment and Coordination in Medicare Enrollment and Appeals Group of the Centers for Medicare & Medicaid Services (CMS). He is responsible for coordinating the operations and policy related to eligibility and enrollment for Parts A, B, C, and D of the Medicare Program. In particular, the Division directs the enrollment of the low-income subsidy population into Medicare Part D plans. Previously, Mr. Fiore was the director of the division responsible for Medicaid managed care policies and health care reform demonstrations. He has also worked in other parts of CMS including its policy staff, regulations office, and the research component. He has been a civil servant since 1975 and federal manager for over 20 years. He has a BS degree in behavioral health and social work, and an MBA degree.

Janice Flaherty is a senior technical advisor for the Center for Medicare Management at the Centers for Medicare & Medicaid Services.

Lori Gerhard is the director of the Office of Policy and Planning Development for the U.S. Administration on Aging (AoA). Her primary job responsibility is to continue to shape the future of the aging network using the AoA discretionary grants and collaborative relationships with other organizations. Ms. Gerhard has served as acting secretary of the Pennsylvania Department of Aging and has a wealth of experience as a state policymaker, nursing home administrator, and educator. She has a bachelor of science degree from the Pennsylvania State University's Health Planning and Administration program and is a graduate of the CASP program at the University of North Texas. Ms. Gerhard has extensive knowledge and experience in the development of state long-term care systems including financing, regulatory, and general operations.

Jill Gotts is a legislative analyst in the Office of Legislation at the Centers for Medicare & Medicaid Services (CMS) and is responsible for Medicaid issues ranging from long-term supports and services to care coordination. Prior to joining the Office of Legislation, she was the Part D eligibility and enrollment policy lead for the Medicare low-income subsidy program and State Pharmaceutical Assistance Programs. Ms. Gotts joined the Agency in 2002 as a presidential management fellow, and has had rotational assignments with the Center for Medicaid and State Operations in CMS, the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services, and the Senate Committee on Finance. She holds an undergraduate degree from the University of Michigan and an MPH degree from Columbia University.

Tim Gronniger is a professional staff member for the majority at the Committee on Energy and Commerce, U.S. House of Representatives. As a member of the health staff, his portfolio includes health financing issues, particularly Medicare. Before joining the Committee staff, Mr. Gronniger spent over four years at the Congressional Budget Office, where he worked on Medicare Advantage, Medicare budgeting, and private health insurance. He holds masters degrees in public policy and health services administration from the University of Michigan and a BA degree in biochemical sciences from Harvard University.

Stephanie Hammonds, PharmD, received her doctor of pharmacy degree in 2004 from Purdue University. Since then, she has practiced at The Johns Hopkins Hospital Pediatric Pharmacy as a point of care pharmacist in pediatric oncology, where she co-founded the

Pediatric Pharmacy Safety Committee. She has also practiced as a clinical pharmacist at New York Presbyterian Hospital, Weill Cornell Medical Center and worked at the National Institutes of Health. In September 2008, she began her current position as a health policy fellow with the Committee on Health, Education, Labor & Pensions, U.S. Senate, and will be in this placement until August 2010.

Gregory A. Hinrichsen, PhD, is a graduate of Harvard College and the doctoral program in community psychology at New York University. In his 25 year career at the Long Island Jewish Medical Center, he served in research, clinical, and administrative positions that included director of psychology training and associate director of psychology. He is associate clinical professor of psychiatry and behavioral sciences at the Albert Einstein College of Medicine. Professional interests include the social context of late life depression, empirically supported treatments for depression in older adults, and clinical geropsychology training. He has held various professional leadership positions and is current chair of the Council of Professional Geropsychology Training Programs. During 2007-2008 he was an American Psychological Association/American Association for the Advancement of Science Congressional Fellow working in the office of Sen. Ron Wyden (D-OR) on health and aging legislative issues. This year Dr. Hinrichsen is a Health and Aging Policy fellow with a placement in the VA Office of Mental Health Services.

Deborah Hunter, JD, is a health insurance specialist for the Centers for Medicare & Medicaid Services (CMS). Ms. Hunter began her health policy career at CMS in 2002, while earning her master of health science degree from Johns Hopkins University Bloomberg School of Public Health. Ms. Hunter has worked for several years developing and implementing Medicare policies related to hospital outpatient and emergency services, compliance monitoring of Medicare Prescription Drug Plan Sponsors, and most recently, eligibility and enrollment of low-income Medicare beneficiaries into Medicare Prescription Drug Plans. In addition, Ms. Hunter earned her juris doctor degree in 2001 from the University of Iowa College of Law, where she concentrated in health policy.

Mary C. Kapp, PhD, is the deputy director of the Research and Evaluation Group at the Centers for Medicare & Medicaid Services (CMS). She has lead responsibility for the evaluation of the upcoming Medicare Medical Home Demonstration project and for the evaluation of the Medicare Health Support chronic care improvement pilot programs.

Prior to joining CMS (then HCFA) in 2001, Dr. Kapp served as chronic disease epidemiologist in the Connecticut state health department.

Gavin Kennedy is the director of the Division of Long-Term Care Policy in the Office of Disability, Aging, and Long-Term Care Policy (DALTCP) in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services. As division director, Mr. Kennedy helps oversee DALTCP's work in long-term care financing, Medicare and Medicaid nursing home policy, Medicaid long-term care policy, and other issues that affect the delivery of supportive services and care to older adults and people with disabilities. In addition to managerial duties, his particular areas of focus include assisted living and other residential services for older adults and persons with disabilities, home and community-based services, the intersection of housing and services for older adults and people with disabilities, falls and injury prevention among the elderly, prevention of elder abuse, and aging services policy generally. He has a BA degree from Providence College and an MS degree in urban and regional planning from Florida State University.

Kathleen M. King is a director of the Health Care Team at the Government Accountability Office, where she is responsible for leading various studies of the health care system, specializing in Medicare payments, management, and prescription drug coverage. She has more than 25 years' experience in health policy and administration. She was previously vice president of health policy at the National Academy of Social Insurance, vice president of the Washington Business Group on Health and, before that, executive associate administrator at the Health Care Financing Administration, now known as the Centers for Medicare & Medicaid Services. She has also been a professional staff member at the Committee on Finance, U.S. Senate; a health policy specialist at the Congressional Research Service; a budget analyst at the Indiana State Budget Agency; and a research associate for the Ohio Legislative Services Commission. Ms. King received her master's degree in government and politics from the University of Maryland.

Lauren Klepac is a presidential management fellow in the Office of Geriatrics and Extended Care at the Veterans Health Administration, where she works primarily with the development of the Hospice and Palliative Care Program. She has a master's degree in public policy and management with a focus on health policy from Carnegie Mellon University.

Christopher A. Langston, PhD, is program director at The John A. Hartford Foundation of New York. He is responsible for the Foundation's grantmaking in support of its mission to enhance the nation's capacity to care for its older citizens. The Foundation works to increase the geriatric care expertise of professionals in the fields of medicine, nursing, and social work and to develop and test innovative models of care that will provide improved care to older adults.

Dr. Langston re-joined the Hartford Foundation after two years at The Atlantic Philanthropies, where he worked as a program executive on the U.S. Ageing Team in the Human Capital Development subprogram in aging and health. While at Atlantic, he worked with the National Council on Aging in a national partnership with the U.S. Administration on Aging to support the adoption of the Chronic Disease Self-Management Program and other evidence-based programs for health promotion. He also helped develop initial grant support to form the Direct Care Alliance, a new organization for paraprofessional workers to advance quality care for older adults and quality jobs for workers in long-term care.

Dr. Langston earned his PhD degree from the University of Michigan in personality and social psychology in 1990. He then taught for five years at Purdue University's Department of Psychological Sciences. He was a post-doctoral fellow at the University of Pennsylvania and the Philadelphia Geriatric Center's Polisher Research Center from 1995 to 1997.

Pauline Lapin directs the Division of Health Promotion and Disease Prevention Demonstrations in the Medicare Demonstrations Program Group in the Office of Research, Development, and Information at the Centers for Medicare & Medicaid Services (CMS). Her responsibilities include overseeing the design and implementation of a variety of demonstrations, including the Medicare Medical Home Demonstration, the Senior Risk Reduction Demonstration, and the Cancer Prevention and Treatment Demonstration for Racial and Ethnic Minorities. Ms. Lapin also leads efforts to monitor and improve the use of Medicare preventive benefits. She has spoken at national conferences and written articles on health promotion and disease prevention for various journals and newsletters. Ms. Lapin holds a master of health science degree and is currently pursuing a PhD degree from the Bloomberg School of Public Health.

Joseph L. Lugo serves as an aging services program specialist with the U.S. Administration on Aging (AoA) in the Office of Planning and Policy Development, which is responsible for analyzing trends in service needs and translating those needs into new policies and programs to assist the elderly. He joined AoA in 2005 and serves as the project officer for Aging & Disability Resource Center (ADRC) and Nursing Home Diversion grantees. Prior to joining AoA, Mr. Lugo served in the Division of Planning, Research & Development at the Illinois Department on Aging (IDoA). While there, he was responsible for Illinois' ADRC initiative, Illinois' rollout of the National Family Caregiver Support Program, and participated in policy development and analysis, legislation and planning activities. Prior to this experience, he was a budget analyst for the Illinois Governor's Office of Management and Budget. Mr. Lugo has a master's degree in gerontology and a graduate certificate in public management practices from the University of Illinois at Springfield, and a bachelor of science degree in psychology from Western Illinois University.

Linda Magno directs the Medicare Demonstrations Group at the Centers for Medicare & Medicaid Services (CMS). Her group is responsible for developing, implementing, and managing Medicare demonstrations of new models of health care delivery for the nation's 40 million Medicare beneficiaries. Medicare demonstrations have historically tested the impacts, feasibility and desirability of new benefits, payment methodologies, and delivery system alternatives before they were incorporated into the Medicare program on a permanent basis. Ms. Magno previously served as managing director for policy development and director of regulatory affairs at the American Hospital Association in Washington, DC. She started her career at CMS's predecessor agency, the Health Care Financing Administration (HCFA), where she was responsible for implementing and refining the prospective payment system for hospitals. Ms. Magno has a master's degree in public affairs from Princeton University and a bachelor's degree in political science from the University of California, Berkeley.

William (Bill) Marton, PhD, is director, Division of Disability and Aging Policy in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services. He is a sociologist and demographer by training whose expertise is in the demography of disability and aging, disability measurement, aging and long-term care policy, and research methodology and

evaluation. His current work focuses on developing and managing the Office of Disability, Aging, and Long-Term Care Policy's research and evaluation agenda and exploring innovative ways to deliver and finance long-term care. Dr. Marton joined ASPE in 1995 following a postdoctoral fellowship in aging at Johns Hopkins University. He has a joint MA and PhD degree from the University of Pennsylvania.

Renee Mentnech is the director of the Research and Evaluations Group, Office of Research, Development, and Information in the Centers for Medicare & Medicaid Services (CMS). As director, Ms. Mentnech provides leadership and executive direction within CMS for a wide range of health care financing research activities. Ms. Mentnech directs the design and implementation of studies of health plans, prescription drug plans, and other issues related to prescription drugs and their impacts on beneficiaries. In addition, she oversees studies on payment development and refinement issues in the traditional Medicare program, and the impact of traditional Medicare on beneficiaries. Ms. Mentnech also directs the design and implementation of studies on the impact of CMS programs and demonstrations on program expenditures, access to and quality of care, health outcomes, and use of services. In particular, the studies under her direction include evaluations of disease management and care coordination interventions for Medicare beneficiaries with chronic conditions, evaluations of pay for performance initiatives, evaluations of disease prevention and health promotion interventions, studies on disparities in health and health care for vulnerable populations, and studies of the impact of Medicare payment policies on beneficiary access to services.

Anne Montgomery is a senior policy advisor for the U.S. Senate Special Committee on Aging, chaired by Sen. Herbert H. Kohl (D-WI). She is responsible for policy development relating to long-term care, elder abuse and related issues for the Committee's Democratic staff. Earlier, Ms. Montgomery was as a senior health policy associate with the Alliance for Health Reform in Washington, DC, where she played a key role in writing and editing policy publications and designing public briefings and conferences for congressional staff and other stakeholders. Ms. Montgomery served as a senior analyst in public health at the U.S. Government Accountability Office and as a legislative aide to Rep. Pete Stark (D-CA) on the Subcommittee on Health, Committee on Ways and Means. She was an Atlantic Fellow in Public Policy in London in 2001-2002, where she undertook

comparative research on long-term care in the United States and the United Kingdom. She also worked as a journalist covering the National Institutes of Health and Congress during the 1990s. A member of the National Academy of Social Insurance, Ms. Montgomery has an MS degree in journalism from Columbia University and a BA degree in English literature from the University of Virginia, and has done gerontology coursework at Johns Hopkins University.

Richard Nicholls is the special assistant to the director of the Office of Planning & Policy Development of the U.S. Administration on Aging (AoA). His primary responsibilities are to assist the director in modernizing the aging services network's role in health and long-term care through the development and implementation of AoA priority initiatives. Current AoA priorities include the Aging and Disability Resource Center (ADRC) initiative, the Community Living Program and Veteran's Directed Home and Community-Based Services Partnership initiative, and the Evidence-Based Disease and Disability Prevention initiative. Mr. Nicholls also has a wealth of experience as a policymaker, program manager, and case worker in both the public and private sectors of health and long-term care, primarily with local area agencies on aging, Medicaid agencies, and health care organizations. He has a master of public administration degree and certificate of health services management & policy from the Maxwell School of Citizenship and Public Affairs at Syracuse University, and a bachelor of science degree in psychology and certificate of gerontology from the University of Utah.

John Pilotte is the director of the Division of Payment Policy Demonstrations in the Office of Research, Development and Information at the Centers for Medicare & Medicaid Services in Baltimore, Maryland. He manages a team of analysts responsible for designing and implementing demonstration projects testing innovative approaches to improve health care quality, cost, and value under the Medicare fee-for-service program. Prior to joining CMS, he was a senior consultant with PricewaterhouseCoopers' health care practice, and served as an associate on the government relations staff of the National Association of Children's Hospitals and Related Institutions. He has a master's degree in health policy and management from The Johns Hopkins University School of Hygiene and Public Health and a bachelor of science degree from Indiana University's School of Public and Environmental Affairs.

Emily Rosenoff joined the staff of the Assistant Secretary for Planning and Evaluation (ASPE) in the Office of Disability, Aging and Long-Term Care Policy, U.S. Department of Health and Human Services, in 2003. Her work focuses on: residential care and assisted living policy, Medicaid, including home and community based services, and long-term care workforce issues. Ms. Rosenoff has also worked at the Organization for Economic Cooperation and Development (OECD), the Senate Committee on Veterans' Affairs, and the University of California, San Francisco's Center for the Health Professions. She received a master's degree in public affairs from Princeton's Woodrow Wilson School, and her bachelor's degree in molecular and cell biology from University of California, Berkeley.

Amanda Sarata is an analyst in health care quality with the Congressional Research Service (CRS). In her position at CRS, Ms. Sarata provides legislative support on a wide range of policy issues related to quality of care. Prior to joining CRS, Ms. Sarata was a health policy analyst at the National Institutes of Health, where she worked as policy staff to the Secretary's Advisory Committee on Genetics, Health, and Society, providing research and analytical support in the policy areas of genetic discrimination, genetics education and training, and financing of genetic tests and services. Ms. Sarata also worked as a senior research analyst for the Minnesota Department of Health, where she helped develop and implement the Department's response to the 1999 Institute of Medicine report on patient safety and medical error. Ms. Sarata received an MPH degree in public health genetics from the University of Washington, an MS degree in science and technology policy from the University of Minnesota, and a BA degree in biology from Carleton College.

Manisha Sengupta is a survey statistician in the Long-term Care Statistics Branch in the Division of Health Care Statistics at the National Center for Health Statistics. She has a long-standing interest in the demography of aging and the need for long-term care. Most of her research centers on using survey data to address long-term care issues of the older population.

Todd Smith is a special assistant at the Centers for Medicare & Medicaid Services.

Drew Sommers, PhD, works in the Domestic Social Policy Division at the Congressional Research Service (CRS). As a medical sociologist, he works on issues related to social determinants of health and

health disparities. He also focuses on care coordination and disease management programs targeting populations which are frail, elderly, or disabled. Before joining CRS, Dr. Sommers worked for the Agency for Healthcare Quality and Research (AHRQ) and RTI International. At AHRQ, he worked on the first National Healthcare Disparities Report. He has written articles on the relationship between income inequality and health, on the effect of social capital on individual well-being, and on factors affecting trust between patients and providers. He has also conducted extensive research in the Netherlands, the United Kingdom, Australia, and New Zealand. Dr. Sommers received his master's and doctoral degrees from the University of Minnesota.

Jane Tilly, DrPH, joined the Administration on Aging's Office of Planning and Policy Development in December 2008 as director, consumer-direction and health policy. She has extensive experience with research and policy analysis on a variety of health, long-term care, and public benefit issues at the state, national and international levels stemming from her work at the Urban Institute and AARP's Public Policy Institute. Health issues she has studied include Medicaid; quality assurance; palliative, chronic, and managed care; and workforce issues. She also has deep knowledge of a wide range of long-term care issues including consumer-directed services; residential care settings, home care, and housing with services; and dementia care. Prior to joining the Administration on Aging she worked on dementia policy and practice issues for the Alzheimer's Association.

Thomas Tsang, MD, is currently a Robert Wood Johnson Foundation (RWJF) Health Policy Fellow at the Subcommittee on Health, Committee on Ways and Means, U.S. House of Representatives. He is committed to promoting community-based primary care and reducing minority health disparities. As clinical assistant professor of Medicine at the New York University School of Medicine, Dr. Tsang is actively engaged in community-based participatory research, focusing on Asian American health issues, including hepatitis B clinical research. He is also director of the Health Disparities Training Program at the New York University Center for the Study of Asian American Health; in this Project EXPORT grant from the National Institutes of Health, he directs a research training program modeled on the community-based participatory model. He is an active participant in two regional health information organizations in New York City to increase the use of clinical informatics to improve the quality

of care. He serves on several scientific advisory boards, including the Board of Health for the City of New York.

Ann M. Vrabel is program examiner in the Medicaid branch of the Office of Management and Budget (OMB). Her portfolio includes issues specific to the aged, blind, and disabled populations as well as Medicaid managed care, among other things. Before joining OMB, Ms. Vrabel worked on Medicare coordination of benefits at the Centers for Medicare & Medicaid Services, where she helped implement Medicare Part D. She received a law degree and health law certificate from the University of Pittsburgh.

Helen Zayac, PhD, is a policy analyst in the Office of Disability, Aging, and Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services. Her work focuses on health promotion for older adults and people with disabilities, elder abuse, falls prevention, employment for people with disabilities and other disability issues. Dr. Zayac received a BS degree in psychology from Duke University and a PhD degree in aging studies from the University of South Florida (USF). Her work at USF focused on the role of social and environmental factors on the health and well-being of minority older adults, as well as long-term care financing and policy.

BIOGRAPHICAL SKETCHES

SPEAKERS

Gerard F. Anderson, PhD, is a professor of health policy and management and professor of international health at the Johns Hopkins University Bloomberg School of Public Health, professor of medicine at the Johns Hopkins University School of Medicine, director of the Johns Hopkins Center for Hospital Finance and Management, and co-director of the Johns Hopkins Program for Medical Technology and Practice Assessment. Dr. Anderson is currently conducting research on chronic conditions, comparative insurance systems in developing countries, medical education, health care payment reform, and technology diffusion. He has directed reviews of health care systems for the World Bank and USAID in multiple countries. He has authored two books on health care payment policy, has published over 200 peer-reviewed articles, has testified in Congress over 40 times as an individual witness, and serves on multiple editorial committees. Prior to his arrival at Johns Hopkins, Dr. Anderson held various positions in the Office of the Secretary, U.S. Department of Health and Human Services, where he helped to develop Medicare prospective payment legislation. [APRIL 17 ONLY]

Chad Boulton, MD, MPH, MBA, is the Eugene and Mildred Lipitz Professor of Public Health at the Johns Hopkins Bloomberg School of Public Health. He directs the Roger C. Lipitz Center for Integrated Health Care and holds joint appointments on the faculties of the Johns Hopkins University Schools of Medicine and Nursing. The mission of the Lipitz Center is to improve the health and quality of life for people with complex health care needs by conducting research and disseminating new knowledge. The Center is also committed to preparing the next generation of leaders in this field. Dr. Boulton is a geriatrician with extensive experience in developing, testing, evaluating, and diffusing new models of health care for older persons. He is the principal investigator of a multi-site, cluster-randomized controlled trial of the Guided Care model of primary care for older people with multiple chronic conditions that is located in the Baltimore–Washington, DC, area and funded by a public-private partnership including the Agency for Healthcare Research and Quality, the National Institute on Aging, the John A. Hartford Foundation, and the Jacob and Valeria Langeloth Foundation. Dr. Boulton has published extensively and received numerous awards. He received the Excellence in

Research Award from the American Geriatrics Society, the David H. Solomon Award from the UCLA Medical School, and the Excellence in Program Innovation Award (for Guided Care) from the American Public Health Association. [APRIL 17 AND AUGUST 7]

Melva J. Brown, MD, is a physician with Johns Hopkins Community Physicians at Wyman Park in Baltimore. Dr. Brown received her medical degree at Loma Linda University in California. She completed a residency at U.S. Public Health Hospital in Baltimore. Dr. Brown is an instructor at Johns Hopkins University School of Medicine. She is board-certified in internal medicine. [AUGUST 7 ONLY]

Gregory Kelly, MD, is a physician at Johns Hopkins Community Physicians at White Marsh in Baltimore, where he enjoys hands-on patient care. He previously served as medical director at the Baltimore City Jail, and during his tenure the institution received American Medical Association accreditation. Dr. Kelly has also held positions as medical director at Greater Dundalk Medical Center and chief of medicine at East Baltimore Medical Center. He received his medical degree from George Washington University School of Medicine and completed his residency and a fellowship in rheumatology at Johns Hopkins Bayview Medical Center. Dr. Kelly is an instructor at Johns Hopkins University School of Medicine. [APRIL 17 AND AUGUST 7]

Julia G. Mand, RN, BSN, is a Guided Care Nurse, Johns Hopkins Health Care, LLC. Ms. Mand joined Johns Hopkins Health Care in April 2008 as the newest member of the Guided Care Team. She obtained a BA degree in human relations from High Point College in North Carolina and a BS degree in nursing from Villa Julie College in Baltimore. Upon graduation, Ms. Mand was elected into the Sigma Theta Tau Nursing Honor Society. Her professional experience includes geriatric medicine, geriatric home health care and case management, and sales and account executive marketing for rehabilitation facilities, hospitals, and physician offices for home care. [APRIL 17 AND AUGUST 7]

Gary Noronha, MD, is the office medical director of Johns Hopkins Community Physicians at Wyman Park in Baltimore. Dr. Noronha received his medical degree at University of Rochester School of Medicine and Dentistry and completed residency in Internal Medicine at the Johns Hopkins Bayview Medical Center. Dr. Noronha is board-certified in internal medicine. He serves as the chair of the Johns Hopkins Community Physicians Research Committee and is a

clinical instructor at Johns Hopkins School of Medicine. He is a fellow in the American College of Physicians. [APRIL 17 AND AUGUST 7]

Michele D. Phillips, BSN, RN, MHA, CCM, is a Guided Care nurse with Johns Hopkins Health Care, LLC. She joined Johns Hopkins Health Care in 2006 as a pioneer in Guided Care, as one of the first of seven nurses to hold this position. Ms. Phillips obtained a BS degree in nursing from Villa Julie College in Baltimore. Upon graduation from Villa Julie College, Ms. Phillips received a special gerontology award for her knowledge and exceptional sensitivity and caring toward this population. Her experience has been in adult medicine in the operating room, progressive care, and travel nursing. She is a member of the Case Management Society of America and the National Geriatric Nursing Association. [APRIL 17 AND AUGUST 7]

William J. Scanlon, PhD, is a health policy consultant to the National Health Policy Forum, and is a commissioner of the Medicare Payment Advisory Commission and the National Committee on Vital and Health Statistics. He served as a member of the National Long-Term Care Quality Commission and the Advisory Committee to the 2005 White House Conference on Aging. Until April 2004, he was managing director of health care issues at the U.S. General Accounting Office (GAO, now known as the Government Accountability Office). At GAO, he oversaw congressionally requested studies of Medicare, Medicaid, the private insurance market and health delivery systems, public health, and the military and veterans' health care systems. Before joining GAO in 1993, he was co-director of the Center for Health Policy Studies and an associate professor in the Department of Family Medicine at Georgetown University. Dr. Scanlon has also been a principal research associate in health policy at The Urban Institute. His research at Georgetown and The Urban Institute focused on the Medicare and Medicaid programs, especially provider payment policies and the provision and financing of long-term care services. He has been engaged in health services research since 1975. Dr. Scanlon has published extensively and has served as frequent consultant to federal agencies, state Medicaid programs, and private foundations. He has a PhD degree in economics from the University of Wisconsin at Madison. [AUGUST 7 ONLY]

Deena Shapiro, MD, is a physician with Kaiser Permanente in Kensington, Maryland, and assumed that position in July 1987. She was a member of the Mid Atlantic Permanente Medical Group Board of Directors for three years beginning in 1995. Dr. Shapiro is a graduate

of Wellesley College. She attended the University of Vermont College of Medicine, graduating in 1982 and completed her residency at Pennsylvania State University in 1985. Dr. Shapiro is a Maryland board-certified internist. [APRIL 17 ONLY]

Kathleen Trainor Grieve, RN, BSN, MHA, CCM, is a Guided Care Nurse with Johns Hopkins Health Care, LLC. Ms. Grieve joined Johns Hopkins Health Care in January 2003 as a disease case manager in the areas of cardiovascular disease, asthma, and diabetes. In her current role, she partners with five primary care physicians and a nurse practitioner to care for their most complex, high-risk, older outpatients to improve the quality and efficiency of patients' health care and quality of life. She has experience speaking nationally and internationally on the subject of Guided Care. Other professional experience includes case management, various clinical and administrative positions with Maryland State Correctional Facilities' Health-care programs, and working as a staff nurse in the neurotrauma unit of The R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center. Ms. Grieve has taken mission trips to Haiti and Guatemala, where she assisted in setting up clinics and assessed and treated patients. [APRIL 17 AND AUGUST 7]

BIOGRAPHICAL SKETCHES

FORUM STAFF

Judith Miller Jones has been director of the National Health Policy Forum at the George Washington University since its inception in 1972. As founder and director, Ms. Jones guides the Forum's educational programming for federal health policymakers, spearheads NHPF's fundraising efforts, and serves as a resource to foundations, researchers, and other members of the health policy community. Ms. Jones was appointed to the National Committee on Vital and Health Statistics in 1988 and served as its chair from 1991 through 1996. She is a lecturer in health policy at George Washington University, is a mentor for the Wharton School's Health Care Management Program, and, on occasion, consults with nonprofit groups and corporate entities across the country. Prior to her work in health, Ms. Jones was involved in education and welfare policy. She served as special assistant to the deputy assistant secretary for legislation in the Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Before entering government, Ms. Jones was involved in education and program management at IBM, first as a programmer, a systems analyst, and then as a special marketing representative in instructional systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University. As a complement to her work in the federal arena, Ms. Jones is involved in a number of community activities in and around Shepherdstown, WV. These include participation in a local emergency planning committee and chairing Healthier Jefferson County, a committee dedicated to improving public health and medical care in that area of the Eastern Panhandle.

Judith D. Moore is senior fellow at the National Health Policy Forum, where she specializes in work related to the health needs of low-income vulnerable populations. Prior to joining the Forum staff, Ms. Moore was a long-time federal employee in the legislative and executive branches of government. At the Health Care Financing Administration (now Centers for Medicare & Medicaid Services), she directed the Medicaid program, the Office of Legislation and Congressional Affairs, and served as a special assistant to two administrators. In earlier federal service, she was special assistant to the secretary of the Department of Health, Education, and Welfare

(HEW) and held positions in the Public Health Service, the Food and Drug Administration, the Agency for Health Care Policy and Research, and the Prospective Payment Assessment Commission. She also worked as a private health care consultant. Ms. Moore received her undergraduate degree in history and political science and pursued graduate studies in law and public administration. She has spoken to a wide variety of audiences and presented congressional testimony on topics related to public policy and administration, Medicaid and Medicare, health financing, social insurance, and the legislative process. She is the coauthor of a political history of Medicaid, *Medicaid Politics and Policy 1965–2007*.

Carol V. O’Shaughnessy, principal policy analyst, joined the Forum staff in April 2007. Her work focuses on aging services and home and community-based long-term care. Prior to joining the Forum, Ms. O’Shaughnessy spent 27 years at the Congressional Research Service (CRS) as a specialist in social legislation. In that capacity, Ms. O’Shaughnessy assisted congressional committees and members of Congress on a wide range of issues related to services for older people, including legislation on the Older Americans Act and Medicaid home and community-based long-term care services, as well as services for people with disabilities under the Rehabilitation Act of 1973. While at CRS, Ms. O’Shaughnessy testified before congressional committees on federal long-term care policy and authored and coordinated research on state systems of long-term care. Ms. O’Shaughnessy has also held positions at the U.S. Department of Health and Human Services (the Administration on Aging and the Medical Services Administration), the Department of Elder Affairs in the Commonwealth of Massachusetts, the Russell Sage Foundation, and the International Federation of Institutes for Social and Socio-Research in Louvain, Belgium. She also worked as a discharge planner for Medicare patients at Alexandria Hospital (now Inova Alexandria Hospital). Ms. O’Shaughnessy received her undergraduate degree from Dunbarton College and her master’s degree in medical sociology from the Catholic University of America.

Kathryn Linehan joined the Forum as a principal policy analyst in January 2009. Her areas of interest include private insurance markets and post-acute and long-term care payment systems. Before joining the Forum, Ms. Linehan was a consultant at Alicia Smith & Associates, where she worked with a number of states with Medicaid managed care programs. She worked with clients on

developing, implementing, and evaluating various aspects of their Medicaid programs. Prior to her consulting work, Ms. Linehan analyzed Medicare payment issues with two congressional support agencies. For three years she analyzed skilled nursing facility and hospice payment issues at the Medicare Payment Advisory Commission (MedPAC). Prior to that, she was a senior analyst at the General Accounting Office (GAO, now known as the Government Accountability Office) for five years, where she focused on various issues including Medicare+Choice, prescription drug, and physician payment policy. She has a bachelor's degree from Oberlin College and a master of public health degree from the University of Michigan School of Public Health.

Christie Provost Peters joined the National Health Policy Forum as a senior research associate in 2006. Her work focuses on Medicaid and health care for vulnerable populations including special needs populations and dual eligibles for Medicaid and Medicare. Ms. Peters spent 12 years as a policy analyst at the U.S. Department of Health and Human Services. At the Centers for Medicare & Medicaid Services, she worked in the Office of Strategic Planning and the Office of Legislation on a variety of health care financing and access issues, including the Medicare drug discount card, the Medicaid drug rebate program, managed care, maternal and child health, working disabled, and dual eligibles. In the Office of the Assistant Secretary for Planning and Evaluation, Ms. Peters worked on a variety of legislative, budgetary, and regulatory issues concerning the Food and Drug Administration, the Centers for Disease Control and Prevention, and the National Institutes of Health. She has also worked as an independent private health care consultant and on Capitol Hill. Ms. Peters received her undergraduate degree in economics from the University of Rochester and her master's degree in public policy from the University of Michigan.

Lisa Sprague is a principal policy analyst with the National Health Policy Forum. She works on a range of health care issues, including quality and accountability, health information technology, private markets, chronic and long-term care, and veterans' health. Previously, she was director of legislative affairs for a trade association representing preferred provider organizations and other open-model managed care networks. Ms. Sprague represented the industry to Congress, federal agencies, and state insurance commissioners; managed the association's policy development process; and edited

a biweekly legislative newsletter. Ms. Sprague came to Washington in 1989 as manager of employee benefits policy for the U.S. Chamber of Commerce. Her interest in health policy arose in her earlier work as a human resources manager and benefits administrator with Taft Broadcasting (later known as Great American Broadcasting) in Cincinnati, Ohio. She holds a bachelor's degree in English from Wellesley College and a master of business administration degree from the University of Cincinnati.



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**SITE VISIT
REPORT**

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